

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DR	12285050	11/30/01
O.I.P.E. CLASSIFIER	5/1	64934	11/5/02
FORMALITY REVIEW	5/1	64934	11/5/02
RESPONSE FORMALITY REVIEW	5/1	64934	11/5/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	11/30/01
2	11/30/01
3	11/30/01
4	11/30/01
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50	11/30/01

Claim	Date
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If more than 150 claims or 10 actions
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